

QUALITY EDUCATOR LOAN ASSISTANCE **PROGRAM APPLICATION**

Applicants must submit a completed application to the Montana Guaranteed Student Loan Program (MGSLP) no later than **May 31, 2008**. Late and incomplete applications will not be accepted.

The number of annual awards is limited and contingent upon available funding and legislative appropriations. Each applicant will be scored according to the endorsement area and school in which the educator is employed. Not all qualified applicants are guaranteed an award. MGSLP will notify all award recipients by **July 30, 2008**. No notice will be sent to non-recipients.

Application for Quality Educator Loan Assistance Program

Instructions for completing the application

To qualify for loan assistance you must be:

- A full-time educator holding a valid educator license or a licensed professional providing services to students in a school district, an education cooperative, the Montana School for the Deaf and Blind, the Montana Youth Challenge Program or a state youth correctional facility.
- Teaching in an impacted school. These are defined as more rural, have a higher percentage of economically disadvantaged students, and/or have greater challenges in closing the achievement gap.
- Teaching in an academic area impacted by critical educator shortages.

The critical teacher shortage areas identified for the 2007-2008 school year are: Business Education, Library/Media, Mathematics, Music, School Counselor, Science, Special Education, Speech/Language Pathologist, and World Languages. A listing of the schools that are impacted by critical teacher shortages and the methodology for identifying critical quality educator shortages can be found at <http://www.opi.mt.gov/PUB/PDF/Cert/CriticalQEShortages.pdf>

Applicant Information

Enter your legal name, social security number, date of birth (MM/DD/YYYY), address, city, state/zip Code, and phone.

School and Teaching Information

Enter your complete school name, school phone number, and address.

For licensed educators, enter your 5-digit Educator Folio Number associated with your educator license issued by the Office of Public Instruction. Educators can search for their folio number at <http://data.opi.state.mt.us/EdCredentials/Index.asp#tools>.

For licensed professionals, enter your professional license number as issued by the appropriate licensure board.

Indicate the subject area(s) to which you were assigned for the full 2006-2007 academic year.

Loan Information

Indicate the type of federal loan(s) for which you have an outstanding balance of more than \$1,000. Enter the name, phone number and address of the institution that holds your student loan.

Applicant's Certification and Authorization

By signing this section, you authorize the institution listed on the application to release financial and loan information to the Montana Guaranteed Student Loan Program.

Superintendent/Principal Certification

This section must be completed by the principal of the school to which you are assigned or the superintendent of the district that employs you.

Completed Applications for the 2007-2008 school year must be received by the Montana Guaranteed Student Loan Program, 2500 Broadway, Helena, MT 59601 no later than May 31, 2008.

Questions regarding the program and application process may be directed to MGSLP at 800-537-7508.

Application for Quality Educator Loan Assistance Program

- **Completed Applications must be received at the Montana Guaranteed Student Loan Program (MGSLP), 2500 Broadway, Helena, MT, 59601, no later than May 31 of the year for which you are requesting assistance.**
- **Questions regarding the program and application process may be directed to MGSLP at 800-537-7508**

Applicant Information

Name	Social Security No.	Date of Birth
		____/____/____
Address	City	State/Zip Code
		Phone

School and Teaching Information

Please indicate the subject area which you were teaching in for the complete 2006 – 2007 academic school year:

School Name _____ Phone _____

Address (Street, City, State, Zip) _____

Educator Folio Number _____ Professional License Number _____

Select all that apply

<input type="checkbox"/> Business Education	<input type="checkbox"/> Music	<input type="checkbox"/> Special Education
<input type="checkbox"/> Library Media	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Speech/Language Pathologist
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Science	<input type="checkbox"/> World Languages

Loan Information

I wish to have the following loan reduced under this program:

<input type="checkbox"/> FFEL Stafford (subsidized)	<input type="checkbox"/> FFEL Stafford (unsubsidized)	<input type="checkbox"/> FFEL Consolidation Loan
<input type="checkbox"/> Federal Direct Loan (subsidized)	<input type="checkbox"/> Federal Direct Loan (unsubsidized)	<input type="checkbox"/> Federal Direct Consolidation Loan
<input type="checkbox"/> Federal Perkins Loan		

If approved, I wish to have my loan forgiveness payment sent to the following holder of my student loan :

Name of Loan Holder	Phone No.
Address	City
	State/Zip Code

Applicant's Certification and Authorization

I hereby certify that the information contained on this application is true and correct. I understand that I have the specific responsibility of applying for the Quality Educator Loan Assistance Program **each year**. I also give permission to the financial institution listed on this application to release to the Montana Guaranteed Student Loan Program financial and loan information.

Applicant Signature _____ Date _____

Superintendent/Principal Certification

I certify that _____ was employed full-time at _____

during the 2006/2007 school year.

Superintendent/Principal Name and Title (Printed) _____ Phone _____

Superintendent/Principal Signature _____ Date _____